FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

OMB Number:

Expires:

3235-0076

Estimated average burden hours per response.....16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	07049597
FREI Burkburnett Apartments, LP - Limited Partner: Interests Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ES THOS
Filing Under (Check box(es) that apply):	D 0000
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
FREI Burkburnett Apartments, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5353 Alpha Road, Suite 210 Dallas, TX 75240	214-432-2995
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Provide equity to a real estate developer for a residential development	PROCESSE PROCESSE APR 2 3 2007
Type of Business Organization corporation limited partnership, already formed other ()	please specify): APR 2 2 2002
corporation	AFR 2 3 2007
Month Year	- E HOWCON
Actual or Estimated Date of Incorporation or Organization: 01	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	•
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b	. A notice is deemed filed with the U.S. Securities
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
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filing of a lederal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Fricke Real Estate Investments, LP Business or Residence Address (Number and Street, City, State, Zip Code) 5353 Alpha Road, Suite 210 Dallas, Texas 75240 General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) FBEG Genpar, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 5353 Alpha Road, Suite 210 Dallas, Texas 75240 General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Fricke, Dana Business or Residence Address (Number and Street, City, State, Zip Code) 5353 Alpha Road, Suite 210 Dallas, Texas 75240 General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Executive Officer Director Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No 🗷				
2.								\$_5,000.00					
									Yes	No			
3. 1									X				
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	Full Name (Last name first, if individual) N/A												
		Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)		.=	 .			
Nai	me of Ass	sociat e d Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)			***************************************		****************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
	Full Name (Last name first, if individual) N/A												
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler				<u> </u>					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							Al	l States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	н	ID
	IL	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	I Name (first, if indi										
N/A Bu:		Residence	: Address (N	Number an	d Street, C	ity, State,	Zip Code)	<u>-</u>					
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-1				<u> </u>					· · ·
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	or check	individual	States)			***************************************	***************************************	***************************************	•••••	AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	s 0.00
	Equity		\$ 0.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	0.00	0.00 \$
	Partnership Interests		s 1,200,000.00
	Other (Specify)		\$ 0.00
	Total	1,200,000.00	§ 1,200,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases § 1,200,000.00
	Accredited Investors		· · · · · · · · · · · · · · · · · · ·
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	10	\$_1,200,000.00
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security n/a	Sold
	Rule 505		\$ 0.00
	Regulation A	n/a	\$ 0.00
	Rule 504		\$ 0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ <u>0.00</u>

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
•	and total expenses furnished in response to Part C — oproceeds to the issuer."			\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ \$ <u>0.00</u>	\$_0.00
	Purchase of real estate		S 0.00	s_0.00
	Purchase, rental or leasing and installation of mach	hinery	□ \$ <u>0.00</u>	ss
	Construction or leasing of plant buildings and faci	lities	\$_0.00	s 0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ge of securities involved in this		\$ <u></u> \$
	Repayment of indebtedness		□ \$ <u>0.00</u>	S 0.00
	Working capital		\$ <u></u> \$	ss
	Other (specify):		s	\$ 0.00
			ss	ss
	Column Totals			\$ 0.00
	Total Payments Listed (column totals added)	_		
		D. FEDERAL SIGNATURE	-	
sie	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur- information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	ale 505, the following on request of its staff
İss	uer (Print or Type)	Signature	Date	
F	REI Burkburnett Apartments, LP	V'treke	3/29/07	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Эα	na Fricke	Managing Member of General Partner		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)